

COUNCIL ON LOCAL MANDATES

Answer Information Sheet

To aid the Council in processing your answer, please fill out the following form. The form is to be completed and signed by the individual identified under Part A (2), as the responsible contact person for the Respondent or, if represented by an attorney, by the attorney for the Respondent.

Name of Proceeding (Name of Claimant): _____

Part A. Information regarding the person or entity filing the Answer (Respondent):

(1) Name of Respondent:

Address/phone & fax numbers of Respondent:

Phone: _____ Fax: _____

(2) Name/title of contact person/legal counsel preparing this document:

Address/phone & fax numbers of contact person/legal counsel:

Phone: _____ Fax: _____

(3) Signature of person preparing this document

Date: _____

Part B.* Information regarding the Answer:

Cite(s) to the specific provision(s) of any statute, rule, or regulation relied upon in your Answer:

_____.

Provide a brief summary of your Answer to the Complaint (including a short and plain statement setting forth your position regarding whether the statute, rule, or regulation that is the subject of the Complaint is or is not an unfunded mandate, and the basis for that position):

* Please note that the information provided under Part B is to be used for the summary published on the Council's Internet site. The text must be typed and legible. Please be as specific and as brief as possible. If more space is needed, please attach no more than one additional sheet.